

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Mailing address (street, apartment, route) Mailing address (street, apartment, route)			Please check appropriate box ☐ New EFT account ☐ Change EFT method** ☐ Change bank account ☐ Change contact name and/or address						
					Mailing address (city	, state, zip)		☐ Add tax types*	
								Federal Identification N	n Number
Taxes to be paid us TaxType Code Kentu		Contact name	Phone Number	Fax Number					
*If you are volunteering	g tax types to be p	aid using EFT, please inc	dicate an * next to the tax type code	above.					
**Last payment date	under old ACH r	nethod / /							
I authorize the Kent account(s). This auth	ucky Department pority will remain	in effect until the de	te debit entries to the above-nai partment has received written no st complete bank information belo Phone numbe r	otification of its					
Bank account number	er (not to exceed	17 digits) Type	of account: □ savings □ check	cing					
Routing and transit r	number (requires	9 digits)							
Authorized signature		Date							
I hereby request the Automated Clearing in the NACHA CCD+ i	e Department of House credit tran format using the I	sactions to the depart TXP convention and m	thority for the above-named taxpe ment's bank account. I understand may only be initiated for the tax typ in with the payment will result in a	d these must be es listed above.					
Authorized signature			Date						
Do you want to recei	ve ACH credit pa	yment confirmations?	'□ Yes □ No						
Return top copy to:	Kentucky Department of Revenue, Electronic Commerce, P.O. Box 181, Station 23, Frankfort, Kentucky 40602-0181								

Phone: 1-800-839-4137 Fax: (502) 564-6842